

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TWIN TUBAL PREGNANCY WITH TUBAL ABORTION OF ONE TWIN.

E. P., a multipara, aged 33, was admitted to the Royal South Hants Hospital on April 28th, 1913, suffering from severe uterine haemorrhage. There was a history indicative of six months pregnancy, abdominal tumour to about the level of the umbilicus, and milk in the breasts. No fetal heart sounds were heard. The os was patulous, but very little else could be made out on vaginal examination, owing to excessive tenderness. As the patient was having continuous haemorrhage, it was thought advisable to empty the uterus without delay. She was anaesthetized and placed in the lithotomy position. On passing a sound I noticed that its direction did not correspond with the axis of the tumour, nor did it pass as far as I expected. A bimanual examination under the anaesthetic showed the tumour to be distinct from the uterus. A diagnosis of tubal pregnancy was made, and the abdomen prepared with acetone and iodine for laparotomy.

I opened the abdomen from umbilicus to pubes a little to the left of the middle line. A large dark-coloured tumour was exposed with omentum adherent to its upper pole. The adhesions were easily separated, and then, having packed abdominal swabs around the mass, I opened it freely. A quantity of old blood and clot escaped, and passing my hand into the cavity I extracted a fetus. There was no sign of life; using the umbilical cord as a guide, I easily found the placenta in the antero-inferior portion of the gestation sac, and stripped it from its site. As I brought it into view I saw another umbilical cord springing from the same placenta. This I traced out, and found another fetus free in the peritoneal cavity, and situated just below the liver. It was as large as the fetus first removed, but showed signs of degeneration in the toes of one foot. I ligatured the uterine artery near the fundus, and then removed as much of the gestation sac as possible. The oozing from the walls of the sac, and especially the placental site, was rather alarming, and I could only arrest it by gauze packing. This I used freely round a tube which I passed to the bottom of the sac. The abdomen was then closed in layers. The patient made a slow but uninterrupted recovery, and left the hospital on June 18th.

The interest of the case, apart from the rarity of the condition, would seem to centre round the position of the second fetus. It seems improbable that a fetus of such size could escape past abdominal swabs, at the time of operation, unrecognized. The length of each fetus was about 7 in. It is possible that tubal abortion of one embryo had occurred at an earlier date, and that the anastomosis in the fused placentae had been sufficiently strong to nourish the intra-abdominal fetus until some factor brought about the death of both embryos.

I am indebted to Mr. Shettle, the senior surgeon of the hospital, for his kindness in referring the case to me, and also allowing me to publish the result.

NOEL BRAHAM, F.R.C.S. Edin.,

Late R.M.O. Royal South Hants and Southampton Hospital, Southampton.

Reports of Societies.

ASSOCIATION OF REGISTERED MEDICAL WOMEN.

At a meeting on Tuesday, July 7th, Dr. F. MAY DICKINSON BERRY, in the chair, Dr. E. BOLTON gave a summary of 19 cases of tuberculous disease of the female generative organs that she had collected from the records of the New Hospital for Women. During the last ten years 75 cases of tubal disease had been operated upon, and of these 19 had been microscopically determined to be tuberculous in nature. She held that the diagnosis of tuberculosis was sometimes very difficult. As regards symptoms, menorrhagia and metrorrhagia were marked and amenorrhoea

was rare. Among the married women sterility was a very noticeable feature. Pathological findings in the uteri removed showed evidence of tubercle in 66 per cent. of the cases, and she was of opinion that for this reason it was wiser to remove the uterus. Dr. L. LEPPER having demonstrated specimens and microscopic preparations from some of the cases described, Dr. LOUISA GARRETT-ANDERSON agreed that the difficulty in diagnosing tuberculous from non-tuberculous conditions of the adnexa was very great. She had found that prolonged anaesthesia in these cases was sometimes followed by tuberculous chest trouble. Dr. MAUD CHADBURN also described the difficulties arising in diagnosis. She had found tuberculosis localized in the tubes in the routine examination of a woman who came for treatment of varicose veins, and who did not complain of pelvic trouble. The symptoms usually complained of by those suffering from tuberculous pelvic disease were menorrhagia, amenorrhoea and sterility, and very rarely pain. She advocated early surgical treatment and the removal of all obvious disease, preserving the uterus and ovaries whenever possible. Dr. HILDA CLARK gave her experience of diagnosis and treatment by means of injections of tuberculin. In one case the distorted tubes had resumed their normal contour; dysmenorrhoea was frequently improved. Dr. FORRESTER-BROWN drew attention to the good general condition and appearance of a woman who had undergone operation for severe tuberculous disease of the adnexa.

Reviews.

AMERICAN WORTHIES OF MEDICINE.

PROFESSOR HOWARD A. KELLY has compiled a *Cyclopaedia of American Medical Biography*,¹ the object of which is to give a short account of every medical worthy who has lived in the United States and in Canada. By "worthy" he means one who has won distinction either as an original thinker or writer, or as a teacher or leader in medicine. Others, too, are included, such as pioneers who did great work with insufficient means and assistance in the border countries in the early days, and men who after taking a degree have not practised medicine, but became eminent in some other branch of science. There are also a few biographies of men who have done no special original work, but who widely influenced their fellows by their strong personality. The book, which contains sketches of more than 1,200 worthies, closes with December 31st, 1910.

Some interesting articles on special subjects serve as an introduction to the lives. From an essay on anatomy by Dr. C. R. Bardeen, we learn that Philadelphia was the first place where anatomy was studied in the United States; New York came next. The first teacher of practical anatomy was Thomas Karl Wallader, who had worked under Cheselden, and who in 1730 or 1731, made dissections and gave demonstrations for the instruction of two or three students. Dr. Valentine Mott, who about 1806 was demonstrator of anatomy at Columbia, has recorded his experiences as a resurrection man. On one occasion he drove in disguise a cart containing eleven subjects from a burying ground, sitting on the bodies and "proud," he said, of his "trophies." In a paper on surgery Dr. Martin B. Tinker claims among the pioneer work done by Americans, spinal anaesthesia, the modern operation for hernia, excision of the Gasserian ganglion, and decortication of the lung for old empyema. Philip Syng Physick first advised the use of animal ligatures in 1816; he used ligatures of buckskin, rolling them under a marble slab; he cut them close and left them buried in the wound. About ten years later Jameson made a number of experiments on animals which he thought showed the superiority of animal ligature material. Tinker says that Benjamin Winslow Dudley was one of the first to trephine successfully for the relief of epilepsy. He operated on his first case in 1819 and reported 6 successful cases in the *American Journal of the Medical Sciences* in 1832. Benjamin B. Simons is credited with the first operation for brain abscess; it was reported in the *Carolina Journal of Medicine, Science, and Agriculture*,

¹ A *Cyclopaedia of American Medical Biography*. Comprising the *Lives of Eminent Deceased Physicians and Surgeons from 1610-1910*. By H. A. Kelly, M.D. In two volumes. Philadelphia and London: W. B. Saunders Co. 1912. (Roy. 8vo. pp. 969; illustrated. 42s. net.)

WORKMEN'S COMPENSATION CASES.

Obesity.

THE claim of a man for compensation on the ground that having to lie up after an accident he had grown too fat to follow his employment as a miner (BRITISH MEDICAL JOURNAL, March 14th, 1914, p. 630), came before the House of Lords on July 17th. The Sheriff Substitute had found that the incapacity for work had ceased, but the Court of Session by a majority had remitted the case to the Sheriff Substitute to fix compensation. The House of Lords was unanimous in allowing the appeal from the decision of the Court of Session. Lord Loreburn, who delivered judgment, said that if the House had to act upon the merits of the case, he would draw the conclusion from the evidence which had been drawn by the Court of Session. But the only point raised before the arbiter was whether the incapacity of the man resulted from his injury. The arbiter found that it had not, and the House must confine itself to the question, was the conclusion of the arbiter one to which a reasonable man could come? He thought it was. He found that the incapacity of October, 1913, did not result from the accident of October, 1910, and the arbiter's award must be restored.

INSANITY AND CRIMINAL OFFENCES.

IN charging the Grand Jury at the opening of the July Sessions of the Central Criminal Court, the Recorder, in dealing with the case of Sydney Smith, charged with the murder of a news-vendor, pointed out that the accused man, when arrested, threw away some papers. One of these papers stated that he had been improperly detained in a lunatic asylum, and it appeared to him that the best thing he could do to call attention to the matter was to shoot an old man of 70, who would not be very likely to live very long. The case, the Recorder said, afforded a little insight into the ways in which lunatics were dealt with in this country. The accused man had twice been certified as insane. The man had been in an asylum and was discharged as cured, had a further outbreak, and was again sent to an asylum, and again released. He thought that the greatest possible care should be exercised with regard to such persons. At every session of that court he saw the extreme danger of prematurely releasing persons who were under confinement in asylums.

At the trial on July 22nd, before Mr. Justice Darling, Smith was found guilty but insane at the time he committed the act, and was ordered to be detained during the King's pleasure. The jury, in giving their verdict, called attention to the evidence that the prisoner, at the time he committed the crime, was on leave for a month from a private asylum, by permission of the Board of Control. He had some years ago been under treatment in the same institution, but was not dangerous, and was discharged as cured. He then obtained employment, and for twelve years worked so well that he earned a pension. The judge said he could not make any observation about the suggestion of the jury. The case would, no doubt, be reported in the newspapers, and those who had power to alter the law in that respect would see what the view of the jury was.

The Services.

ANNUAL TRAINING OF GLASGOW UNITS.

THREE field ambulances of the Lowland Division, together with the Lowland Mounted Brigade Field Ambulance and the Divisional Clearing Hospital, are encamped at Shewalton, Ayrshire, for their annual training. The total strength of the camp is 768 officers and men and 112 horses, and of this number over 90 per cent. remained for the full fifteen days' period. The usual training in field ambulance work was carried out during the first week, and the units were inspected at work by Colonel D. J. Mackintosh, M.V.O., the Assistant Director of Medical Services; by Colonel Hickson, the Inspector of Medical Services; and by the General Officer Commanding-in-Chief, General Sir J. S. Ewart. On July 22nd the competitions were held in tent-pitching, stretcher drill, riding and driving, first aid, etc., for the Brodie Cup, Glasgow Units' Cup, and other prizes. In the afternoon of the same day sports were held, and these were attended by a large gathering of military and civilian friends. The camp will not finish until August 3rd.

Obituary.

DEATHS IN THE PROFESSION ABROAD. — Among the members of the medical profession in foreign countries who have recently died are Dr. Fasbender, professor of gynaecology at Berlin, aged 71; Dr. J. W. Gleitsmann, for many years professor of laryngology and rhinology at the New York Polyclinic Hospital and Medical School, aged 73; Dr. Luigi Griffini, professor of pathology in the University of Genoa; Dr. Simon Marx, formerly lecturer on obstetrics at the New York Post-graduate Medical School, aged 50; Dr. A. L. Mason, associate professor of medicine at Harvard and senior physician to the Boston

City Hospital, aged 72; Dr. Eberhard Nebelthan, extraordinary professor of internal medicine in the University of Halle, and formerly director of the medical policlinic in that town, aged 50; Dr. O. G. Ramsey, professor of obstetrics and gynaecology in the Medical Department of Yale University, aged 44; Dr. G. F. Reinhardt, professor of hygiene in the University of California, and formerly president of the State Board of Medical Examiners of California, aged 45; Dr. Jeremiah Clark Stewart, professor of the principles of surgery in the University of Minnesota, Minneapolis, aged 60; and Dr. George Strawbridge, sometime professor of otology in the University of Pennsylvania, aged 68.

Universities and Colleges.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—Helen G. Rea, J. J. Brennan, T. C. K. Coleman, T. Cooney, J. Danaher, T. L. Dolan, P. J. Filose, S. A. Gailley, M. J. Griffin, J. A. Hamilton, G. A. Henderson, B. F. Honan, L. M. Leventon, F. L. Macdowell, Norah McCormick, R. G. J. McCullagh, P. J. G. McDonnell, P. J. McGing, M. R. Morris, M. C. Myerson, R. H. Von Nauman, R. H. Newnan, M. O'Brien, V. R. O'Connor, J. C. Rowan, J. C. Rutherford, I. N. Ryan, S. T. Wills.

SECOND COLLEGE.—M. Bradley, G. Dunne, D. H. Ferris, A. F. E. Harbord, F. B. Harrison, H. Hurst, A. Mahony, E. McCarthy, T. P. MacDonnell, D. B. McEniry, H. L. Mooney, B. J. Mulligan, G. C. F. Roe, J. C. Smyth.

THIRD COLLEGE.—H. M. Alexander, T. A. Buchanan, M. Burke, F. Coffey, M. Dockrell, K. Elmes, H. Graham, B. Hiron, H. K. Kevin, C. A. R. McCay, J. McGuire, T. Moore, J. P. Pegum, T. J. Power, A. T. Rhatigan, C. W. Robinson, G. C. L. Woodroffe.

FINAL.—R. A. Austin, R. M. Alcorn, R. J. Brookes, F. Byrne, W. P. Cooney, T. L. Enright, A. B. Foot, S. H. Good, C. W. Joynt, J. Langan, A. Martin, W. J. J. Muleahy, C. Murray, J. J. O'Connell, H. V. O'Donoghue, L. S. O'Grady, G. M. C. Powell, M. Shipsey, N. A. K. Sparrow, F. M. D. Taylor, J. J. Walsh, D. P. H.—D. M. Barry, R. Cramb, H. R. M. Ferguson, P. E. Harrison, A. F. Kennedy, A. C. Lorena, R. J. May, C. G. Sherlock.

* Passed with honours.

Public Health

AND

POOR LAW MEDICAL SERVICES.

MEDICAL OFFICERS OF HEALTH AND PRIVATE PATIENTS.

MEDICAL OFFICER.—It is no part of the duty of a medical officer of health to examine a patient suspected to be suffering from an infectious disease. If a medical officer of health who is in private practice sees a patient for this purpose he is entitled to his usual fee.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Blackburn.—The Medical Officer of Health, Dr. J. Coote Hibbert, estimates the population of the county borough of Blackburn at the middle of 1913 at 133,931. The birth-rate was 21.7 per 1,000, and the death-rate standardized for sex and age was 17.1 per 1,000. The infant mortality-rate was 148 per 1,000 births. This last rate was nearly 20 per 1,000 above that of 1912. In one of the wards of the borough the rate was, however, as low as 59 per 1,000, though in one other it was as high as 229, and in two others it was 223. Investigations were made with respect to nearly all the deaths of children under 1 year of age, and it was found that 37 per cent. of the mothers were employed in the cotton industry. In nearly 20 per cent. of the cases investigated the children were nursed out. A pavilion containing 26 beds at the Blackburn Fever Hospital is now used for the treatment of tuberculosis, and during the year 119 patients were admitted. Of this number, 103 were insured persons. The average stay in the hospital of the 91 patients who were discharged during the year was sixty days. In the case of 25 patients discharged no improvement was said to have taken place, and as regards 6 patients the disease was advancing. Eight patients died during the year. The number of cases of phthisis notified during the year was 230, and there were 88 deaths from the disease. The phthisis death-rate was thus only 0.65 per 1,000. Of other forms of tuberculosis 104 cases were notified, and there were 49 deaths. Of the 2,923 children born during 1913, more than one-half were not vaccinated, and of the children born during the last five years exemption certificates were obtained with respect to as many as 6,348. Referring to this large number of exemptions, Dr. Hibbert points out that should small-pox be introduced into the borough there will be a great risk of an extensive outbreak unless the early cases are immediately brought to the notice of the Health Department and their prompt isolation effected.

Medical News.

THE annual meeting, motor-car tour, and luncheon of the Brussels Medical Graduates' Association will be held at the Earl's Court Hotel, Tunbridge Wells, under the presidency of Dr. Fielden Briggs, on Saturday, August 8th, at 1.30 p.m. Members are invited to bring ladies. Tickets, price 5s. (not including wine), may be obtained from the Honorary Secretary, Dr. Arthur Haydon, 29, Broadhurst Gardens, Hampstead, N.W.

A POST-GRADUATE course of clinical medicine will be held in the autumn at the Hôtel-Dieu, Paris. The course, which is under the direction of Professor Gilbert, will be essentially practical; it will extend from Monday, September 28th, to Saturday, October 10th, and will comprise thirty lectures and demonstrations. These will be given by MM. Maurice Villaret, Dumont, Herscher, Bénard, Chabrol, Lippmann, Paul Descomps, Deval, Pierret, Grivot, Guilleminot, Dausset, Jomier, and Durey. Those who attend will have the opportunity of personally examining the patients, handling apparatus, and making preparations in the laboratory, and a certificate will be given at the end of the course. The fee is 100 francs (£4). Application should be made to M. Deval, chef de Laboratoire, Hôtel-Dieu, Paris.

As has already been stated in the JOURNAL, the fourteenth French Congress of Medicine will be held at Brussels on September 30th, October 1st, 2nd, and 3rd. The congress is under the patronage of the King and Queen of the Belgians, and the honorary presidents are MM. Berruyer, Minister of the Interior, and Pouillet, Minister of Science and Arts, and M. Klobukowski, French Minister at Brussels. The actual president of the congress is Dr. Henrijean, professor in the Medical Faculty at Liège; the vice-president is Dr. Bordet, professor in the Medical Faculty of Brussels. The questions proposed for discussion are cardio-vascular syphilis; vaccinothérapie in general, and in particular vaccinothérapie of cancer and typhoid fever; the therapeutic value of artificial pneumothorax; lipoids in pathology. The general secretary is Professor René Verhoogen, 22, rue Joseph II, Brussels.

IN the annual report for 1913 of the medical officer of health for the Port of London, Dr. Herbert Williams, reference is made to the efforts that have been made by the Port Sanitary Authority, though without avail, to obtain greater powers than already exist for the protection of the country from the introduction of small-pox. In view of the large and increasing number of unvaccinated persons now to be found in this country the Port Sanitary Committee suggested to the Local Government Board that power should be given to Port Sanitary Authorities to visit and inspect all persons on board ships arriving from ports at which small-pox was known or suspected to exist if situated within fourteen days steaming of ports in this country, and that there should be the same powers and penalties as at present exist under Orders of the Local Government Board relating to plague, yellow fever, and cholera. In support of the suggestions of the Port Sanitary Committee, Dr. Williams was able to give various instances in which cases of small-pox had managed to creep into the country owing to a person having become infected at a foreign port and arriving in England within the limit of the incubation period of the disease.

LAST December a gunner belonging to an artillery regiment stationed at Bourges was admitted into the military hospital in that city with symptoms of acute inflammation of the appendix of three days' duration. Dr. Gary operated at once, and M. Bonel, who has reported the case (*Bulletins et mém. de la Soc. Anat. de Paris*, March, 1914, p. 112), states that the peritoneal cavity contained much fluid, "turbid rather than purulent," and with a distinct faecal odour. The vermiform appendix was greatly enlarged and sloughy, and there was a perforation close to its attachment to the caecum. There was no faecal collection or foreign body in its canal. The coils of intestine were washed with ether after Morestin's method—now much employed in France—the abdominal cavity dried by means of compresses, and a drainage tube inserted. The patient did very badly until the fifth day, when a big *Ascaris lumbricoides* in a state of maceration came away through the tube. Convalescence followed, and was only interrupted by pulmonary symptoms on the fifteenth day. According to Guiart, the parasite in this type of appendicitis is the direct cause of the disease—the inoculating agent, in fact. Authorities on intestinal worms seem not quite sure that the perforation is directly caused by the lumbricus. Raillet considers that it irritates a point in the mucosa, and that a perforating ulcer develops.

Letters, Notes, and Answers.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Artology, Westrand, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, Westrand, London*.

TELEPHONE (National):—

2531, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2530, Gerrard, BRITISH MEDICAL ASSOCIATION.

2534, Gerrard, MEDICAL SECRETARY.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

SEA-WATER asks for advice as to the cause and treatment of the following condition: A man on one occasion paddled with his children in the sea; half an hour later his legs began to swell rapidly, the swelling extending as high as his legs had been immersed and ending abruptly. The swelling diminished slowly, and it was a week before he was able to walk properly. On another occasion he ran on damp sand in his shoes and stockings; presently he noticed the swelling beginning—the swelling on this occasion was not so severe as on the previous occasion. One child has developed the same peculiarity. There is no tendency to oedema under ordinary circumstances.

ANSWERS.

SEA BATHING AND SKIN IRRITATION.

W. M. writes: I would suggest to "F. I. W." to advise his patient to take a fresh-water bath one or more times to which sufficient carbonate of soda has been added to make the water slightly alkaline. I suffer from intolerable itching and desquamation, particularly of the legs, after sea bathing, but have always found the soda bath sufficient to arrest the condition complained of.

LETTERS, NOTES, ETC.

THE MEDICAL DIRECTORY.

MESSRS. J. AND A. CHURCHILL (7, Great Marlborough Street, W.) write: The annual circular of the *Medical Directory* has been posted to every member of the medical profession. Another copy will be forwarded on request, should the first notice have accidentally gone astray. We should be glad if practitioners will kindly co-operate in returning the forms to us promptly, so that the entries may be as accurate as possible. To meet the convenience of purchasers, the *Directory* will be on sale this year early in the month of December.

A CLINICAL TEST FOR THE ESTIMATION OF GLUCOSE.

DR. J. BARKER SMITH, L.R.C.P., writes: I am sorry that Dr. G. C. Parnell (BRITISH MEDICAL JOURNAL, July 4th, p. 12) has taken so much trouble to investigate glucose in urine by coloured glasses after caramelization by liquor potassae. Because a full complement of gradations of yellowish-brown colour, fifty gradations between water and sherry colour, was published in *The Hospital Gazette* so long ago as December 10th, 1892, in serial articles in which the estimation of the caramelization was made by colour, also by oxidation. If Dr. G. C. Parnell will run a weak solution of acid permanganate into a weak solution of potassium iodide, he will find that he can strike the yellowish-brown tint of caramelized glucose, maltose, lactose, etc., almost with the same facility as a chord in music. For some years past I have found it convenient to use a few discs of coloured glass, but here, again, I get my gradations quite easily, and these are also in rapport with the chemical gradations. As regards the term, "thoroughly boiled," using a weaker solution of potash and boiling exactly one minute, I found the time of boiling made a considerable difference. It may be that he has solved the bullet-like discharge of the tube contents when equal volumes of liquor potassae and urine are used, by a careful selection of size of test tube; it was this difficulty which made me use a weaker potash solution. I am quite sure that Dr. Parnell would not have made this departure had he known the extent of the work already done and published during the last twenty years in various medical and technical papers.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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NOTE.—It is against the rules of the Post Office to receive *postes restantes* letters addressed either in initials or numbers.